

Please type a plus sign (+) inside this box  $\longrightarrow$  +

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| <u> </u>         | Attorney Docket Num   | nber                 | ATM-299     |         |          |  |
|------------------|---|----------------------|-------------|---------|----------|--|
|                  | N FOR UTILITY OR ESIGN APPLICATION CFR 1.63)  Application Number Filing Date Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))  Examiner Name | First Named Inventor | Philip S. N |         | S. Ng    |  |
| PATENT APPLIC    | COMPLETE IF KNOWN   |                      |             |         |          |  |
| (37 CFR 1.6      | Application Number  |                      | 10 /        | 749,342 |          |  |
|                  | OR Submitted after Initial Filing (surcharge  | Filing Date          | De          | cember  | 31, 2003 |  |
| Submitted OR Sub |   | Group Art Unit       |             |         |          |  |
| Filing (37       |   | Examiner Name        |             |         |          |  |

| <u>-</u>  |  |                             |                    |   |             |  |  |  |  |  |
|---|--|-----------------------------|--------------------|---|-------------|--|--|--|--|--|
| As a below named inven  | tor, I hereby declare that:  |                             |                    |   |             |  |  |  |  |  |
| My residence, post office address, and citizenship are as stated below next to my name.   |  |                             |                    |   |             |  |  |  |  |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  |  |                             |                    |   |             |  |  |  |  |  |
| CIRCUIT FOR AUTO-CLAMPING INPUT PINS TO A DEFINITE VOLTAGE DURING POWER-UP OR RESET   |  |                             |                    |   |             |  |  |  |  |  |
| the specification of which (Title of the Invention) is attached hereto OR   |  |                             |                    |   |             |  |  |  |  |  |
|   | D/YYYY) 12/31/2003   | as United                   | d States Applica   | tion Number or PCT Inte                         | ernational  |  |  |  |  |  |
|   |  | as amended on (MM/DD/Y)     | ۰۰۰                |   | oplicable). |  |  |  |  |  |
| [_10/   | 749.342 and ware and understand the  | ,                           | , <del></del>      |   |             |  |  |  |  |  |
| amended by any amendme  | nt specifically referred to abo  | ove.                        | med specificatio   | n, including the claims, a                      | 15          |  |  |  |  |  |
| I acknowledge the duty to d   | I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. |                             |                    |   |             |  |  |  |  |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. |  |                             |                    |   |             |  |  |  |  |  |
| Prior Foreign Application<br>Number(s)  |  |                             |                    |   |             |  |  |  |  |  |
|   |  |                             | 0000               | 0000  | j           |  |  |  |  |  |
| ☐ Additional foreign applica  | tion numbers are listed on a   | supplemental priority data  | sheet PTO/SB/0     | 2B attached hereto:                             |             |  |  |  |  |  |
|   | nder 35 U.S.C. 119(e) of an  | y United States provisional | application(s) lis | sted below.                                     |             |  |  |  |  |  |
| Application Number  | Application Number(s) Filing Date (MM/DD/YYYY)  Additional provisional application                           |                             |                    |   |             |  |  |  |  |  |
|   |  |                             | numbe              | ers are listed on a                             |             |  |  |  |  |  |
|   |  |                             |                    | emental priority data s<br>SB/02B attached here |             |  |  |  |  |  |
|   | ı  |                             |                    |   |             |  |  |  |  |  |

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (12-97)
us sign (+) inside this box 

+ Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| DEC   | <u>CLA</u>  | <u>RATIO</u>                             | <u>N –</u>               | <u> – Utilit</u>                 | <u>y o</u>          | <u>r D</u>                                     | esig   | n                               | <u>Pate</u>   | nt /                                       | App   | olicatio   | <u>on</u>   |  |
|---|---|--|--------------------------|----------------------------------|---------------------|--|--|---------------------------------|---|--|---|--|---|--|
| United States of<br>information wh  | or PCT Ir<br>nich is ma   | iternational appli<br>aterial to patenta | ication in<br>ability as | the manner pr<br>defined in 37 ( | ovided I<br>CFR 1.5 | oplication<br>atter of<br>by the f<br>56 whice | on(s), or 3<br>f each of<br>first parag<br>th became | 65(c)<br>the claraph cape avail | of any PC<br>aims of this<br>of 35 U.S.C<br>lable betwe | T intern<br>s applic<br>2. 112,<br>een the | ational<br>cation is<br>l ackno<br>filing o | application des<br>s not disclosed<br>wledge the dut<br>late of the prio | signating the<br>I in the prior<br>y to disclose<br>r application |  |
| U.  | S. Par  |  |                          | PCT Paren                        | it                  |  |  |                                 | _   |  | Pare  |  |   |  |
|   | Name Law Offices of Schneck & Schneck  Address P.O. Box 2-E  Address Scity San Jose State CA ZIP 95109-0005  Country USA Telephone 408/297-9733 Fax 408/297-9748  Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are elieved to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are unishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the polication or any patent issued thereon.  Itame of Sole or First Inventor:  Given Name (first and middle [if anyl)) Family Name or Surname  Philip S. Ng  Inventor's Signature  Residence: City Cupertino State CA Country U.S.A. Citizenship U.S.A.  11817 Pine Brook Court   |  |                          |                                  |                     |  |  |                                 |   |  |   |  |   |  |
| Additional `Additional  | U.S. or I   | PCT internationa                         | l applica                | ition numbers a                  | re listed           | on a s   | supplemer  | tal pr                          | iority data s   | sheet P                                    | TO/SB                                       | 02B attached   | hereto.   |  |
| As a named inv<br>and Trademark   | rentor, I h<br>Office co  | ereby appoint the<br>onnected therew     | ith: 🔀                   | Customer Nun<br>OR               | nber                | (  | 003897   |                                 | _]  |  | ▶   | Place Cust<br>Number Bai   | omer<br>Code  |  |
|   | Nam   | e  |                          | Regis                            | tration             | .,,,,,,,,                                      | l l  |                                 |   |  |   | Registration   |   |  |
| Mark Pro  | Schne<br>otsik  | 24,518<br>31,788                         |                          |                                  |                     |  | Nissa Strottman<br>Kwan Chan                         |                                 |   |  |   | 43,094<br>52,257<br>52,714   |   |  |
| Additional  | registere   | f practitioner(s)                        | named o                  | on supplementa                   | l Regist            | ered Pi  | ractitioner  | Inform                          | mation she  | et PTO                                     | /SB/020                                     | C attached her   | eto.  |  |
|   |   |  |                          |                                  |                     |  |  | ress below                      |   |  |   |  |   |  |
| Name  | Law   | Law Offices of Schneck & Schneck         |                          |                                  |                     |  |  |                                 |   |  |   |  |   |  |
| Address   | P.O   | ). Box 2-E                               |                          |                                  |                     |  |  |                                 |   |  |   |  |   |  |
| Address   |   |  |                          |                                  |                     |  |  |                                 |   |  |   |  |   |  |
| City  | San   | n Jose                                   |                          |                                  |                     |  | State  | C/                              | CA ZIP  |  | 951   | 5109-0005  |   |  |
| Country   | USA   | A Telephone 408                          |                          |                                  |                     | 108/2  | 3/297-9733 Fax                                       |                                 |   | 408  | 408/297-9748                                |  |   |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |   |  |                          |                                  |                     |  |  | o made are                      |   |  |   |  |   |  |
| Name of Sole or First Inventor:   |   |  |                          |                                  |                     |  |  | entor                           |   |  |   |  |   |  |
| Gi  | ven Nar   | ne (first and m                          | niddle [if               | f any])                          |                     |  | Family Name or Surname                               |                                 |   |  |   |  |   |  |
| i   | Philip  | S.                                       | 0 (                      |                                  |                     |  | Ng   |                                 |   |  |   |  |   |  |
| Inventor's<br>Signature   |   |  | (ie                      | XX                               | 27                  |  |  |                                 |   |  |   | Date   | 2/27/04   |  |
| Residence: 0  | City  | Cupertino                                |                          | State                            | CA                  |  | Country  | $\overline{}$                   | U.S.A.  |  |   | Citizenship  | U.S.A.  |  |
| Post Office A   | ddress  | 11817 Pine Brook Court                   |                          |                                  |                     |  |  |                                 | <del>*</del>  |  |   |  |   |  |
| Thomas Schneck  |   |  |                          |                                  |                     |  |  |                                 |   |  |   |  |   |  |
| City  | aim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the test of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the process provided by the first paragraph of 35 U.S.C. 12, clarkowkeep the duty to disclose on the process of the claims of this application is not disclosed in the process of |  |                          |                                  |                     |  |  |                                 |   |  |   |  |   |  |
| ✓ Additional  | invento   | rs are being n                           |                          | n the <u>1</u> su                | ipplem              | ental A  | Additiona  | linve                           | entor(s) si   | heet(s)                                    | PTO/  | SB/02A attac   | ched hereto   |  |



Please type a plus sign (+) inside this box -> +

PTO/SB/02A (3-97)
sign (+) inside this box → + Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number valid OMB control number.

## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

|  |                              |                        |  |                        |             | -                |            |             |          |  |
|--|------------------------------|------------------------|--|------------------------|-------------|------------------|------------|-------------|----------|--|
| Name of Addition                           | nal Joint Inventor, if ar    |                        | A petition has been filed for this unsigned inventor |                        |             |                  |            |             |          |  |
| Given Na                                   |                              | Family Name or Surname |  |                        |             |                  |            |             |          |  |
| Jeff Ming-Hung                             |                              |                        |  | · Tsai                 |             |                  |            |             |          |  |
| Inventor's<br>Signature                    | 9                            |                        |  |                        |             |                  | Date       | 2-27-04     |          |  |
| Residence: City                            | Santa Clara                  | State                  | CA   |                        | Country     | U.S.A.           |            | Citizenship | U.S.A.   |  |
| Post Office Address                        | 450 Harvard Avenue, Apt. 5C  |                        |  |                        |             |                  |            |             |          |  |
| Post Office Address                        |                              | -                      |  |                        |             |                  |            | _           |          |  |
| City                                       | Santa Clara                  | State                  | CA   |                        | ZIP         | 95051            | Country    | U.S.A       |          |  |
| Name of Additional Joint Inventor, if any: |                              |                        |  |                        |             |                  |            | inventor    |          |  |
| Given Na                                   | me (first and middle [if any | ])                     |  | $\perp$                |             | Family Na        | me or S    | urname      |          |  |
| Johnny                                     |                              |                        |  |                        | Chan        |                  |            |             |          |  |
| Inventor's<br>Signature                    | They                         | <u> </u>               |  | Date 2-27              |             |                  |            |             |          |  |
| Residence: City                            | Fremont                      | State                  | CA   |                        | Country     | U.S.A.           |            | Citizensh   | Hong Ko  |  |
| Post Office Address                        | 3593 Gilman Comn             | non                    |  |                        |             |                  |            |             |          |  |
| Post Office Address                        |                              |                        |  |                        |             |                  |            |             |          |  |
| City                                       | Fremont                      | State                  | CA   |                        | ZiP         | 94538            | Count      | try U.S     | S.A.     |  |
| Name of Addition                           | nal Joint Inventor, if ar    | ıy:                    |  |                        | ] A petitio | on has been file | ed for thi | s unsigned  | inventor |  |
| Given Name (first and middle [if any])     |                              |                        |  | Family Name or Surname |             |                  |            |             |          |  |
|  |                              |                        |  |                        |             |                  |            |             |          |  |
| Inventor's<br>Signature                    |                              | Date                   |  |                        |             |                  |            |             |          |  |
| Residence: City                            | State Country                |                        |  |                        |             |                  | Citizensh  | ip          |          |  |
| Post Office Address                        |                              |                        |  |                        |             |                  |            |             |          |  |
| Post Office Address                        |                              |                        |  |                        |             |                  |            |             |          |  |
| City                                       |                              | State                  |  |                        | ZIP         |                  | C          | ountry      |          |  |

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.